



Express Mail No. EV 456 932 508 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Huang *et al.* Confirmation No.: 4803  
Serial No.: 10/612,604 Art Unit: 1648  
Filed: July 1, 2003 Examiner: Stacy Brown Chen  
For: COMPOSITIONS AND METHODS Attorney Docket No.: 11068-014-999  
FOR DETERMINING THE  
REPLICATION CAPACITY OF A  
PATHOGENIC VIRUS

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.111**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants have carefully considered the non-final Office Action mailed September 22, 2004, in connection with the above-captioned patent application. Applicants kindly request reconsideration of the claims in light of the amendments and remarks that follow.

This paper includes:

- Amendments to the Specification** beginning on page 2;
- Amendments to the Claims** beginning on page 3; and
- Remarks** beginning on page 6.

Furthermore, Applicants submit herewith:

- 1) a Petition for Extension of Time Under 37 C.F.R. § 1.136(a) extending the period for response by two months from December 22, 2004, to and including February 22, 2005;
- 2) an Amendment Fee Transmittal Sheet.



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FEE TRANSMITTAL SHEET

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

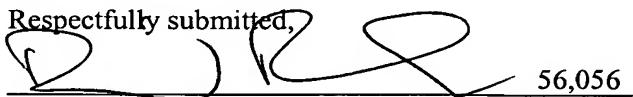
The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

| (Col. 1)   | (Col. 2)                          | (Col. 3)         | <input checked="" type="checkbox"/> SMALL ENTITY |               | <input type="checkbox"/> OTHER THAN A SMALL ENTITY |         |            |
|--|-----------------------------------|------------------|--|---------------|--|---------|------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          | HIGHEST NO.<br>PREVIOUSLY<br>PAID | PRESENT<br>EXTRA | RATE   | ADDIT.<br>FEE | OR   | RATE    | ADDIT. FEE |
| TOTAL  | 19                                | MINUS            | 20   | 0             | x 25   | \$ 0.00 | x 50       |
| INDEP.   | 3                                 | MINUS            | 3  | 0             | x 100  | \$ 0.00 | x 200      |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                   |                  |  | \$ 0.00       |  |         | \$         |
|  |                                   |                  | TOTAL  | \$ 0.00       | OR   | TOTAL   | \$         |

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: February 18, 2005

Respectfully submitted,  
  
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56,056

(Reg. No.)

Enclosure